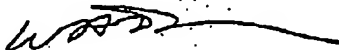## Terminal Disclaimers

A single further terminal disclaimer to U.S. Patent 5,368,392 and to U.S. Patent 6,341,891 is attached. Please charge the cost of filing to Deposit Account 04-1675.

R E M A R K S

It is believed this amendment is fully responsive to the Office Action of May 26, 2004 and allowance is respectfully requested.

Respectfully,

William A. Drucker
Registration No. 17,951

(202) 659-6980

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BEST AVAILABLE CC

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	Atty. Docket No. 061450-0304609
Shiva Prakash	FID-101 D5
Serial No. 10/613,107 Filed: 07/03/2003	Examiner: R. Raevis Art Unit: 2856
For: ATOMIC FORCE MICROSCOPY MEASUREMENTS OF CONTACT RESISTANCE AND CURRENT-DEPENDENT STICTION	

Certificate of Facsimile Transmission
Date of Transmission: June 14, 2004

I hereby certify that this paper, and any documents referred to as being attached, was submitted by facsimile to 703-872-9306, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313 on the above date.

By _____
David Jakopin

AMENDMENT AND RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a response to the Office Action mailed February 12, 2004.

Request for Extension

Applicant requests a one-month extension of time from May 12, 2004 to the date hereof to submit this Response. The Commissioner is authorized to charge Deposit Account 50-2213 (Order No. 061450-0304609) for the requisite one-month small entity extension fee of $55.00.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper. Remarks begin on page 4 of this paper.

Please amend the application as follows:

1

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number: 10/613107

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR BASIC FEE	740.00
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 17	Minus	** 20	=
Independent	* 2	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.